



Los Angeles County's Substance Use Disorder Organized Delivery System

# **SUBSTANCE USE TREATMENT SERVICES**

# **PATIENT HANDBOOK**

**Version 3.0**

**June 2019**

**Los Angeles County**

**Department of Public Health**

**Substance Abuse Prevention and Control**



## **English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call **1-888-742-7900** (TTY: **711**).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call **1-888-742-7900** (TTY: **711**).

## **Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame **1-888-742-7900** (TTY: **711**).

## **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-742-7900** (TTY: **711**).

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-742-7900** (TTY: **711**).

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주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-742-7900** (TTY: **711**) 번으로 전화해 주십시오.

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ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք **1-888-742-7900** (TTY (հեռատիպ)՝ **711**):

## Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-742-7900** (телетайп: **711**).

## فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-888-742-7900** (TTY: **711**) تماس بگیرید

## 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 **1-888-742-7900** (TTY: **711**) まで、お電話にてご連絡ください。

## Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-888-742-7900** (TTY: **711**) .

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-888-742-7900** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

## العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك

بالمجان. اتصل برقم **1-888-742-7900** (رقم هاتف الصم والب (711)).

## हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-742-7900** (TTY: **711**) पर कॉल करें।

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เรียน:

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี  
โทร **1-888-742-7900** (TTY: **711**) .

## ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ អរ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែរ ,  
រសវាជំនួយមននកភាសា រោយមិនគិតថ្លៃ  
គឺអាចមានសំរាប់ ំ ំអរ អុើ នក។ ចូ ទូ ស្តី **1-888-742-7900**  
(TTY: **711**) ។

## ພາສາລາວ (Lao)

ໂບດລາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,  
ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,  
ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ **1-888-742-7900** (TTY:  
**711**) .

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## GENERAL INFORMATION

### Emergency Services

Emergency services are covered 24 hours a day and 7 days a week. If you think you are having a health-related emergency, call 911 or go to the nearest emergency room for help.

Emergency Services are services provided for an unexpected medical condition, including a psychiatric emergency medical condition.

An emergency medical condition is present when you have symptoms that cause severe pain or a serious illness or an injury, which a layperson (a careful or cautious non-medical person) believes, could reasonably expect without medical care could:

- Put your health in serious danger, or
- If you are pregnant, put your health or the health of your unborn child in serious danger, or
- Cause serious harm to the way your body works, or
- Cause serious damage to any body organ or part.

You have the right to use any hospital in the case of emergency. Emergency services never require authorization.

### Overdose

If you or someone you know has overdosed, call 911 as soon as possible

Naloxone is medication that could immediately counter the effects of an opioid/heroin overdose. You can administer it while someone is overdosing and should call 911 immediately. Many emergency personnel carry it with them, and it is also available from select pharmacies without a prescription. Ask your health care provider for more information.

### Who do I contact if I'm having suicidal thoughts?

If you or someone you know is in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

For Los Angeles County residents seeking assistance in a crisis and to access local mental health programs, please call the following numbers:

**Los Angeles County Human Services Hotline**

<http://www.211la.org>

Dial “211”

24 Hours language assistance provided

**Los Angeles County Department of Mental Health**

<http://dmh.lacounty.gov>

800-854-7771

24 Hours language assistance provided

**Didi Hirsch – Suicide Prevention Hotline**

<http://www.didihirsch.org>

877-7-CRISIS or 877-727-4747

**Teen Line**

[www.teenlineonline.org](http://www.teenlineonline.org)

800-TLC-TEEN (852-8336)

**California Youth Crisis Line**

[www.youthcrisisline.org](http://www.youthcrisisline.org)

1-800-843-5200

24 Hours language assistance provided

**The Soldiers Project**

[www.thesoldiersproject.org](http://www.thesoldiersproject.org)

877-576-5343

**The Trevor Project**

<http://www.thetrevorproject.org>

866-4- U-TREVOR (866-488-7386)

**Asian Pacific Counseling and Treatment Centers**

<http://www.apctc.org>

213-252-2100 language assistance provided

**Los Angeles Gay and Lesbian Center**

<http://www.lagaycenter.org>

323-993-7400

## Why is it Important to read this handbook?

Welcome to Los Angeles County's substance use treatment system of care. This document describes the State of California's Drug Medi-Cal Organized Delivery System (DMC-ODS). Drug Medi-Cal (DMC) is a type of health insurance that pays for Substance Use Disorder (also known as drug and alcohol addiction) treatment for eligible members.

The State of California contracts with the Los Angeles County Department of Public Health Substance Abuse Prevention and Control (SAPC) to provide treatment services to eligible beneficiaries. In Los Angeles County, the substance use treatment health plan is called **System Transformation to Advance Recovery and Treatment or START-ODS**. The services under START ODS are delivered by a network of providers who have an agreement with the Los Angeles County to provide substance use disorder (SUD) treatment.

Throughout the Patient Handbook, we will refer to the "County Plan" or "START-ODS". This just means the substance use treatment services that are available at no-cost for individuals who are eligible or enrolled in Medi-Cal or My Health LA, or who have been referred to certain programs funded by the criminal or juvenile justice system.

It is important that you understand how the County's Plan works so you can get the care you need. This handbook explains your benefits and how to get care. It will also answer many of your questions.

You will learn:

- How to receive substance use disorder treatment services through START-ODS
- What benefits you have access to
- What to do if you have a question or problem
- Your rights and responsibilities as a member of START-ODS

If you don't read this handbook now, you should keep this handbook, so you can read it later.

Use this handbook as an addition to the member handbook that you received when you enrolled in Medi-Cal. Medi-Cal includes either a Medi-Cal managed care plan or the regular Medi-Cal "Fee for Service" program.

## Important information about My Health LA

Los Angeles County provides no cost primary health care for the uninsured and uninsurable, regardless of immigration status, through the My Health LA plan. My Health LA is available to Los Angeles County residents who are age 19 and older who

meet income eligibility requirements and do not have and cannot get health insurance. Services include primary care and health screenings, health information and advice, specialty care at Los Angeles County Department of Health Services (DHS) clinics, hospital and emergency care at DHS hospitals, prescription medicines, laboratory services and tests.

If you are an My Health LA eligible or enrolled member, you may receive the substance use treatment service outlined in this handbook at no-cost to you.

To find out if you are eligible for My Health LA, visit DHS' My Health LA webpage by accessing the following link:

<https://dhs.lacounty.gov/wps/portal/dhs/coverageoptions/myhealthla>.

### **As a member of the START-ODS plan, SAPC is responsible for:**

- Determining if you are eligible for START-ODS services from the county or its provider network.
- Coordinating your care.
- Providing a toll-free phone number that is answered 24 hours a day and 7 days a week that can tell you about how to get services from the County Plan. You can also contact the County Plan at this number to request availability of after-hours care.
- Having enough providers to make sure that you can get the substance use treatment services covered by the County Plan if you need them.
- Informing and educating you about services available from your County Plan.
- Providing you services in your language or by an interpreter (if necessary) free of charge and letting you know that these interpreter services are available.
- Providing you with written information about what is available to you in other languages or formats. This includes availability of the Patient Handbook in other languages and through use of auxiliary aids and services.
- Providing you with notice of any significant change in the information specified in this handbook at least 30 days before the intended effective date of the change. A change would be considered significant when there is an increase or decrease in the amount or type of services that are available, or if there is an increase or decrease in the number of network providers, or if there is any other change that would impact the benefits you receive through the County Plan.

- Informing you if any contracted provider refuses to perform or otherwise support any covered service due to moral, ethical, or religious objections and informing you of alternative providers that do offer the covered service.
- Ensuring that you have continued access to your previous, and now out-of-network, provider for a period of time if changing providers would cause your health to suffer or increase your risk of hospitalization.

*For more information on the START ODS, you may call the Substance Abuse Service Helpline or SASH at 1-844-804-7500.*

## MEMBER ASSISTANCE

### Information for members who need materials in a different language

All beneficiary informing materials, including the Patient Handbook and Grievance and Appeals forms are available in English, Spanish, Arabic, Armenian, Cambodian (Khmer), Cantonese, Farsi, Hmong, Korean, Mandarin, Russian, Tagalog, and Vietnamese. You can access materials by calling START ODS at 1-888-742-7900, or by visiting the “Patient and Public” page at <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>.

### Information for members who have trouble reading

Members who have trouble reading, may contact START ODS at 1-888-742-7900 or visit the “Patient and Public” page at <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>, for more information on how to obtain materials in alternate formats (examples: audio, large print). You can also ask your treating provider to assist you in getting a free copy of these materials.

### Information for Members Who Are Hearing or Speech Impaired

Members with hearing or speech impairments, may contact the California Relay Service by dialing 711 to connect with the Substance Abuse Service Helpline (SASH) for screening and referral services at 1-844-804-7500. Written inquires for no-cost interpreter services can be sent to [SUDtransformation@ph.lacounty.gov](mailto:SUDtransformation@ph.lacounty.gov).

### Information for Members Who Are Vision Impaired

Patients with visual impairments, may contact the START ODS by calling 1-888-742-7900 or by visiting the “Patient and Public” page at <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>, for more information on how to obtain materials in alternate formats (examples: audio, large print). You can also ask your treating provider to assist you in getting a free copy of these materials.

## Notice of Privacy Practices

You may obtain a copy of the Notice of Privacy Practices from your treating provider or online at: <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>.

## Who do I contact if I feel that I was discriminated against?

Discrimination is against the law. The State of California and the County Plan complies with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Your County plan:

- Provides free aids and services to people with disabilities, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified oral interpreters
  - Information in threshold languages

If you need these services, contact START ODS. If you believe that the State of California or START-ODS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

### **Substance Abuse Prevention and Control**

ATTN: Complaints and Investigation

1000 South Fremont Avenue, Building A-9 East, 3<sup>rd</sup> Floor

Alhambra, California 91803

Phone: 1-888-742-7900 (TTY 711)

e-mail: [SAPC\\_compliance@ph.lacounty.gov](mailto:SAPC_compliance@ph.lacounty.gov)

You can file a grievance in person or by mail, or email. If you need help filing a grievance, START ODS is available to help you.

You can also file a civil rights complaint electronically with the U.S. Department of Health and Human Services, Office for Civil Rights through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>. You can file a civil rights complaint by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/filing-with-ocr/index.html>.

## START ODS SERVICES

**Services provided by the County plan are NO COST for Medi-Cal and My Health LA eligible individuals or those referred to certain programs funded by the criminal or juvenile justice system.**

Your provider cannot ask you for payment to receive the services listed below. This means no fees or deposits, no co-pay, and no share-of-cost (unless required by your Medi-Cal plan due to your income). These no-cost services are also available to you even if you have not completed the application process, but qualify for Medi-Cal or My Health LA.

### What are START-ODS services?

START-ODS services are health care services for people who have at least one substance use disorder (SUD) that the regular doctor cannot treat.

START-ODS services include:

- Outpatient At-Risk
- Outpatient Services
- Intensive Outpatient Treatment
- Partial Hospitalization (not available in Los Angeles County)
- Residential Treatment (subject to prior authorization by the County)
- Withdrawal Management
- Opioid Treatment
- Medication Assisted Treatment
- Recovery Services
- Case Management

If you would like to learn more about each START-ODS service that may be available to you, see the descriptions below:

- **Outpatient Services for At-Risk**
  - ✚ Outpatient At-Risk services are limited to no more than ten (10) hours per 60-day treatment episode, and up to two (2) episodes per calendar year. Services can be provided by a licensed professional or a registered/certified counselor in any appropriate setting in the community
  - ✚ Counseling services are available for youth members (ages 12-20) who are assessed as meeting medical necessity for at-risk services.
  - ✚ Outpatient At-Risk services include screening, assessment, brief interventions such as group counseling, individual counseling, case management, patient education, and treatment planning.

- **Outpatient Services**
  - ✚ Outpatient Services are provided to members up to nine (9) hours a week for adults and up to six (6) hours a week for adolescents when determined to be medically necessary and in accordance with an individualized treatment plan. Services can be provided by a licensed professional or a registered/certified counselor in any appropriate setting in the community.
  - ✚ Outpatient Services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, crisis intervention services, case management, and discharge planning.
  - ✚ On-going assessment of medically necessary outpatient services and a six-month review is provided.
- **Intensive Outpatient Services**
  - ✚ Intensive Outpatient Services are provided to members for a minimum of nine (9) hours and a maximum of nineteen (19) hours a week for adults and a minimum of six (6) hours with a maximum of nineteen (19) hours a week for adolescents), when determined to be medically necessary and in accordance with an individualized treatment plan. Services can be provided by a licensed professional or a registered/certified counselor in any appropriate setting in the community.
  - ✚ Intensive Outpatient Services include the same components as outpatient services. The increased number of hours of service is the main difference.
  - ✚ START ODS provides an extended benefit for pregnant and parenting women that increases the service limits to 30 hours for intensive outpatient services.
  - ✚ On-going assessment of medically necessary intensive outpatient services and a six-month review is provided
- **Partial Hospitalization (not available in Los Angeles County)**
  - ✚ Partial Hospitalization services feature 20 or more hours of clinically intensive programming per week, as specified in the member's treatment plan. Partial hospitalization programs typically have direct access to psychiatric, medical, and laboratory services, and are to meet the identified needs which warrant daily monitoring or management, but which can be appropriately addressed in a structured outpatient setting.
  - ✚ Partial Hospitalization services are similar to Intensive Outpatient Services, with an increase in number of hours and additional access to medical services being the main differences.

- **Residential Treatment (subject to pre-authorization by the county)**
  - ✚ Residential Treatment is a 24-hour non-institutional, non-medical, short-term “live-in” program that provides rehabilitation services to members with a SUD diagnosis when determined as medically necessary and in accordance with an individualized treatment plan. Each member lives on the premises and be supported in their efforts to restore, maintain and apply interpersonal and independent living skills and access community support systems. Providers and residents work collaboratively to define barriers, set priorities, establish goals, create treatment plans, and solve SUD related problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.
  - ✚ Residential Services **require prior authorization** by the County Plan. Each authorization for residential services can be for a maximum of 90 days for adults and 30 days for youth. Authorizations can be extended as assessed by a licensed professional when determined to be medically necessary.
  - ✚ Pregnant women can receive residential services through the last day of the month that the 60th day after the end of pregnancy occurs.
  - ✚ Early Periodic Screening, Diagnosis, and Treatment (EPSDT) eligible members (under the age of 21) will be authorized for ongoing residential services based on medical necessity.
  - ✚ Residential Services includes intake and assessment, treatment planning, individual counseling, group counseling, family therapy, collateral services, member education, medication services, safeguarding medications (facilities will store all resident medication and facility staff members may assist with resident’s self-administration of medication), crisis intervention services, transportation (provision of or arrangement for transportation to and from medically necessary treatment) and discharge planning.
- **Withdrawal Management**
  - ✚ Withdrawal Management Services are provided when determined as medically necessary and in accordance with an individualized client plan. Each member shall reside at the facility if receiving a residential service and will be monitored during the detoxification process. Medically necessary habilitative and rehabilitative services are provided in accordance with an individualized client plan prescribed by a licensed physician, or licensed prescriber and approved and authorized according to the State of California requirements.

- ✚ Withdrawal Management Services include intake and assessment, observation (to evaluate health status and response to any prescribed medication), medication services, and discharge planning.
  - ✚ Withdrawal management services are provided for up to 14 consecutive days, as assessed for medical necessity by a licensed professional working within their scope of practice
- **Opioid Treatment Program**
  - ✚ Opioid (Narcotic) Treatment Program (OTP/NTP) services are provided in NTP licensed facilities. Medically necessary services are provided in accordance with an individualized client plan determined by a licensed physician or licensed prescriber and approved and authorized according to the State of California requirements. OTPs/NTPs are required to offer and prescribe medications to members covered under the START-ODS formulary including methadone, buprenorphine, naloxone, and disulfiram.
  - ✚ A member must receive, at a minimum, 50 minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity.
  - ✚ Opioid Treatment Services include the same components as Outpatient Treatment Services, with the inclusion of medical psychotherapy consisting of a face-to-face discussion conducted by a physician on a one-on-one basis with the member.
- **Medication Assisted Treatment**
  - ✚ Medication Assisted Treatment (MAT) Services are available outside of the OTP clinic. MAT is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of SUD. Providing this level of service is optional for participating counties.
  - ✚ MAT services include the ordering, prescribing, administering, and monitoring of all medications for SUD. Opioid and alcohol dependence, in particular, have well established medication options. Physicians and other prescribers may offer medications to members covered under the DMC formulary including buprenorphine, naloxone, disulfiram, Vivitrol, acamprosate, or any FDA approved medication for the treatment of SUD.
  - ✚ On-going assessment and an annual review are provided to ensure continued medical necessity.

- **Recovery Services**
  - ✚ Recovery Services are important to the member’s recovery and wellness. The treatment community becomes a therapeutic agent through which members are empowered and prepared to manage their health and health care. Therefore, services must emphasize the member’s central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members.
  - ✚ Recovery Services include individual and group counseling; recovery monitoring/substance abuse assistance (recovery coaching, relapse prevention, and peer-to-peer services); and case management (linkages to educational, vocational, family supports, community-based supports, housing, transportation, and other services based on need).
  - ✚ On-going assessment of Recovery Support services and a six-month review is provided to ensure medical necessity
  
- **Case Management**
  - ✚ Case Management Services assist a member to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of SUD care, integration around primary care especially for members with a chronic SUD, and interaction with the criminal justice system, if needed.
  - ✚ Case Management Services include a comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services; transitions to higher or lower levels of SUD care; development and periodic revision of a client plan that includes service activities; communication, coordination, referral and related activities; monitoring service delivery to ensure member access to service and the service delivery system; monitoring the member’s progress; and, member advocacy, linkages to physical and mental health care, transportation and retention in primary care services.
  - ✚ Case management shall be consistent with and shall not violate confidentiality of any member as set forth in Federal and California law.
  - ✚ Case management services are provided for a maximum service limit of ten (10) hours per month.
  - ✚ Pregnant and parenting women may obtain case management services for their eligible dependent children for a maximum service limit of one (1) hour per month for children 0-16 years of age.

## Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

If you are under 21 years of age, you may receive additional medically necessary services under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). EPSDT services include screening, vision, dental, hearing and all other medically necessary mandatory and optional services listed in federal law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered for adults. The requirement for medical necessity and cost effectiveness are the only limitations or exclusions that are applicable to EPSDT services.

For a more complete description of the EPSDT services that are available and to have your questions answered, please call Substance Abuse Service Helpline at 1-844-804-7500.

## HOW TO GET START ODS SERVICES

### How do I get START ODS services?

If you think you or someone you know needs substance use treatment services, you can get services by calling the toll-free Substance Abuse Service Helpline or SASH at 1-844-804-7500 or by locating a Network Provider using the online tool available at <http://sapccis.ph.lacounty.gov/sbat/>.

You may also be referred to SUD treatment services in other ways. The County Plan is required to accept referrals for substance use treatment services from doctors and other primary care providers who think you may need these services and from your Medi-Cal managed care health plan, if you are a member. Usually the provider or the Medi-Cal managed care health plan will need your permission or the permission of the parent or caregiver of a child to make the referral, unless there is an emergency. Other people and organizations may also make referrals to the county, including schools; county welfare or social services departments; conservators, guardians or family members; and law enforcement agencies.

The covered services are available through Los Angeles County's provider network. If any contracted provider raises an objection to performing or otherwise supporting any covered service, Los Angeles County will arrange for another provider to perform the service. Los Angeles County will respond with timely referrals and coordination in the event that a covered service is not available from a provider because of religious, ethical or moral objections to the covered service.

If you need to change providers or move from one service to another (such as moving from residential to outpatient treatment), the case manager at your current treatment provider site will coordinate the change and help you find a service provider that meets any new needs and preferences. Once a new provider is found, the case manager at

your current provider will work with the case manager at the new provider to help you successfully make the transition. You can also look for a new provider on your own by searching the online provider directory at <http://sapccis.ph.lacounty.gov/sbat/>, or by calling the SASH at 1-844-804-7500.

## Where can I get START ODS services?

Los Angeles County is participating in the State of California's Drug Medi-Cal Organized Delivery System (DMC ODS) pilot program. Since you are a resident of Los Angeles County, you can get these through the START-ODS plan. START ODS has substance use treatment providers available to treat conditions that are covered by the plan. Other counties that provide DMC services that are not participating in the DMC-ODS pilot will be able to provide regular DMC services to you if needed. If you are under 21 years of age, you are also eligible for EPSDT services in any other county across the state.

## After Hours Care

If you need services after hours or on the weekends, you can call the Substance Abuse Service Helpline (SASH) at 1-844-804-7500 to see if a treatment provider is available to serve you right away. If you are currently receiving treatment services, you can talk to your treatment provider to learn more about their after-hours services. All outpatient and intensive outpatient treatment providers are required to be open at least two evening per week and one weekend day so there are more expanded hours where you can receive care.

## How do I know when I need help?

Many people have difficult times in life and may experience substance use problems. The most important thing to remember when asking yourself if you need professional help is to trust yourself. If you are eligible for Medi-Cal or My Health LA, and you think you may need professional help, you should call the SASH toll-free 24 hours a day, 7 days a week at 1-844-804-7500 to request a screening or assessment.

## How do I know when a child or teenager needs help?

You may contact the County Plan for an assessment for your child or teenager if you think he or she is showing any of the signs of a substance use problem. If your child or teenager qualifies for Medi-Cal, My Health LA or and the county assessment indicates that drug and alcohol treatment services covered by the participating county are needed, the county will arrange for your child or teenager to receive the services.

## HOW TO GET MENTAL HEALTH SERVICES

### Where can I get specialty mental health services?

You can get specialty mental health services in the county where you live. Each county has specialty mental health services for children, youth, adults, and older adults. If you feel you need mental health services, contact the Los Angeles County Department of Mental Health's 24/7 access hotline at 1-800-854-7771. If you are under 21 years of age, you are eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT), which may include additional coverage and benefits.

The Mental Health Plan (MHP) will determine if you need specialty mental health services. If you do need specialty mental health services, the MHP will refer you to a mental health provider.

## MEDICAL NECESSITY

### What is medical necessity and why is it so important?

One of the conditions necessary for receiving substance use treatment services through your county's START-ODS plan is something called 'medical necessity.' This means a doctor or other licensed professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

The term medical necessity is important because it will help decide if you are eligible for START-ODS services, and what kind of County Plan services are appropriate. Deciding medical necessity is a very important part of the process of getting START-ODS services.

### What are the 'medical necessity' criteria for coverage of substance use disorder treatment services?

As part of deciding if you need substance use treatment services, the County plan will work with you and your provider to decide if the services are a medical necessity, as explained above. This section explains how Los Angeles County will make that decision.

In order to receive services through the County Plan, you must meet the following criteria:

- You must be enrolled in Medi-Cal or be eligible for My Health LA or another qualified County program.
- You must reside in Los Angeles County and have Medi-Cal benefits assigned to Los Angeles County, if Medi-Cal is applicable.
- You must have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for a Substance-Related and Addictive Disorder. Any

adult, or youth under the age of 21, who is assessed to be “at-risk” for developing a SUD will be eligible for Early Intervention services if they do not meet medical necessity criteria.

- You must meet the American Society of Addiction Medicine (ASAM) definition of medical necessity for services based on the ASAM Criteria (ASAM Criteria are national treatment standards for addictive and substance-related conditions).

You don't need to know if you have a diagnosis to ask for help. The County Plan will help you get this information and will determine medical necessity with an assessment.

## **SELECTING A PROVIDER**

### **How do I find a provider for the substance use disorder treatment services I need?**

START ODS may put some limits on your choice of providers but must give you a chance to choose between at least two providers when you first start services, unless the County Plan has a good reason why it can't provide a choice, for example, there is only one provider who can deliver the service you need. The County Plan must also allow you to change providers. When you ask to change providers, the county must allow you to choose between at least two providers, unless there is a good reason not to do so.

Sometimes county contract providers leave the county network on their own or at the request of the County Plan. When this happens, the County Plan must make a good faith effort to give written notice of termination of a county contracted provider within 15 days after receipt or issuance of the termination notice, to each person who was receiving SUD treatment services from the provider.

### **Once I find a provider, can my County plan tell the provider what services I get?**

You, your provider, and the County Plan are all involved in deciding what services you need to receive through the county by following the medical necessity criteria and the list of covered services. Sometimes the county will leave the decision to you and the provider. Other times, the County Plan may require your provider to ask the County Plan to review the reasons the provider thinks you need a service before the service is provided. The County Plan must use a qualified professional to do the review. This review process is called a plan payment authorization process.

The County Plan's authorization process must follow specific timelines. For a standard authorization, the plan must make a decision on your provider's request within 14 calendar days. If you or your provider request or if the County Plan thinks it is in your interest to get more information from your provider, the timeline can be extended for up to another 14 calendar days. An example of when an extension might be in your interest

is when the county thinks it might be able to approve your provider's request for authorization if the County Plan had additional information from your provider and would have to deny the request without the information. If the County Plan extends the timeline, the county will send you a written notice about the extension.

If the county doesn't make a decision within the timeline required for a standard or an expedited authorization request, the County Plan must send you a Notice of Adverse Benefit Determination telling you that the services are denied and that you may file an appeal or ask for a State Fair Hearing.

You may ask the County Plan for more information about its authorization process by calling 1-888-742-7900.

If you don't agree with the County Plan's decision on an authorization process, you may file an appeal with the county or ask for a State Fair Hearing.

### **Which providers does my START-ODS plan use?**

If you are new to the START ODS, a complete list of providers in your County Plan can be found at <http://sapccis.ph.lacounty.gov/sbat/> and contains information about where providers are located, the SUD treatment services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers. If you have questions about providers, call the Substance Abuse Service Helpline or SASH at 1-844-804-7500. A hard copy of the provider listing is also available on the website.

## **NOTICE OF ADVERSE BENEFIT DETERMINATION**

### **What is a Notice of Adverse Benefit Determination?**

A Notice of Adverse Benefit Determination, sometimes called a NOABD, is a form that the START ODS uses to tell you when the plan makes a decision about whether or not you will get substance use treatment services. A Notice of Adverse Benefit Determination is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within the County Plan's timeline standards for providing services.

### **When will I get a Notice of Adverse Benefit Determination?**

You will get a Notice of Adverse Benefit Determination:

- If the County Plan or one of its providers decides that you do not qualify to receive any Medi-Cal substance use treatment services because you do not meet the medical necessity criteria.

- If your provider thinks you need a substance use service and asks the County Plan for approval, but the County Plan does not agree and denies your provider's request or changes the type or frequency of service. Most of the time you will receive a Notice of Adverse Benefit Determination before you receive the service, but sometimes the Notice of Adverse Benefit Determination will come after you already received the service, or while you are receiving the service. If you get a Notice of Adverse Benefit Determination after you have already received the service, you **do not have to pay for the service**.
- If your provider has asked the County Plan for approval, but the County Plan needs more information to make a decision and doesn't complete the approval process on time.
- If the County Plan does not provide services to you based on the timelines the County Plan has set up. Call the County Plan to find out the specific county timeline standards.
- If you file a grievance with the County Plan and the County Plan does not get back to you with a written decision on your grievance within 90 calendar days. If you file an appeal with the County Plan and the County Plan does not get back to you with a written decision on your appeal within 30 calendar days or, if you filed an expedited appeal, and did not receive a response within 72 hours.

## Will I always get a Notice of Adverse Benefit Determination when I don't get the services I want?

There are some cases where you may not receive a Notice of Adverse Benefit Determination. You may still file an appeal with the County Plan or if you have completed the appeal process, you can request a state fair hearing when these things happen. Information on how to file an appeal or request a fair hearing is included in this handbook. Information should also be available in your provider's office.

## What will the Notice of Adverse Benefit Determination tell me?

The Notice of Adverse Benefit Determination will tell you:

- What the County Plan did that affects you and your ability to get services.
- The effective date of the decision and the reason the plan made its decision.
- The state or federal rules the county was following when it made the decision.
- What your rights are if you do not agree with what the plan did.
- How to file an appeal with the plan.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited fair hearing.
- How to get help filing an appeal or requesting a State Fair Hearing.
- How long you have to file an appeal or request a State Fair Hearing.

- If you are eligible to continue to receive services while you wait for an Appeal or State Fair Hearing decision.
- When you have to file your Appeal or State Fair Hearing request if you want the services to continue.

## What Should I Do When I Get A Notice of Adverse Benefit Determination?

When you get a Notice of Adverse Benefit Determination you should read all the information on the form carefully. If you don't understand the form, the County Plan can help you. You may also ask another person to help you.

You can request a continuation of the service that has been discontinued when you submit an appeal or a request for State Fair Hearing. You must request the continuation of services no later than 10 calendar days after the date the Notice of Adverse Benefit Determination was post-marked or personally given to you, or before the effective date of the change.

## PROBLEM RESOLUTION PROCESSES

### What if I don't get the services I want from my County plan?

The START ODS has a way for you to work out a problem about any issue related to the substance use treatment services you are receiving. This is called the problem resolution process and it could involve the following processes.

1. The Grievance Process – an expression of unhappiness about anything regarding your substance use treatment services, other than an Adverse Benefit Determination.
2. The Appeal Process – review of a decision (denial or changes to services) that was made about your substance use treatment services by the County Plan or your provider.
3. The State Fair Hearing Process – review to make sure you receive the substance use treatment services which you are entitled to under the Medi-Cal program.

Filing a grievance or appeal, or a State Fair Hearing will not count against you and will not impact the services you are receiving. When your grievance or appeal is complete, your County Plan will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Learn more about each problem resolution process below.

## Can I get help to file an appeal, grievance or State Fair Hearing?

Your County Plan will have people available to explain these processes to you and to help you report a problem either as a grievance, an appeal, or as a request for State Fair Hearing. They may also help you decide if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability are at risk. You may also authorize another person to act on your behalf, including your substance use treatment provider.

If you would like help, call 1-888-742-7900.

## What if I need help to solve a problem with my County plan but don't want to file a grievance or appeal?

You can get help from the State if you are having trouble finding the right people at the county to help you find your way through the system.

You may get free legal help at your local legal aid office or other groups. You can ask about your hearing rights or free legal aid from the Public Inquiry and Response Unit:

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

## THE GRIEVANCE PROCESS

### What is a grievance?

A grievance is an expression of unhappiness about anything regarding your substance use treatment services that are not one of the problems covered by the appeal and State Fair Hearing processes.

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the County Plan might ask you to sign a form authorizing the plan to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.

- Identify the roles and responsibilities of you, your County Plan and your provider.
- Provide resolution for the grievance in the required timeframes.

## When can I file a grievance?

You can file a grievance with the START ODS at any time if you are unhappy with the substance use treatment services you are receiving from the County Plan or have another concern regarding the County Plan.

## How can I file a grievance?

You may call 1-888-742-7900 to get help with a grievance. You may also find the START ODS grievance form on the Patient and Public section of SAPC's website or you can get it from your treatment provider.

The County plan will provide self-addressed envelopes at the providers' site to mail in your grievance. You can also send the grievance in the following ways:

- **e-mail** the form to [SAPCMonitoring@ph.lacounty.gov](mailto:SAPCMonitoring@ph.lacounty.gov)
- **fax** the form to 1-626-458-6692

Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

## How do I know if the county plan received my grievance?

The County Plan will let you know that it received your grievance by sending you a written confirmation.

## When will my grievance be decided?

The County Plan must make a decision about your grievance within 90 calendar days from the date you filed your grievance. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the County Plan believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the county believes it might be able to resolve your grievance if the County Plan had a little more time to get information from you or other people involved.

## How do I know if the county plan has made a decision about my grievance?

When a decision has been made regarding your grievance, the County Plan will notify you or your representative in writing of the decision. If your County Plan fails to notify you or any affected parties of the grievance decision on time, then the County Plan will provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Fair Hearing. Your County Plan will provide you with a Notice of Adverse Benefit Determination on the date the timeframe expires.

## is there a deadline to file a grievance?

You may file a grievance at any time.

## THE APPEAL PROCESS (STANDARD AND EXPEDITED)

The START ODS is responsible for allowing you to request a review of a decision that was made about your substance use treatment services by the plan or your providers. There are two ways you can request a review. One way is using the standard appeals process. The second way is by using the expedited appeals process. These two forms of appeals are similar; however, there are specific requirements to qualify for an expedited appeal. The specific requirements are explained below.

### What is a standard appeal?

A standard appeal is a request for review of a problem you have with the plan or your provider that involves a denial or changes to services you think you need. If you request a standard appeal, the County Plan may take up to 30 calendar days to review it. If you think waiting 30 calendar days will put your health at risk, you should ask for an 'expedited appeal'.

The standard appeals process will:

- Allow you to file an appeal in person, on the phone, or in writing. If you submit your appeal in person or on the phone, you must follow it up with a signed written appeal. You can get help to write the appeal. If you do not follow-up with a signed written appeal, your appeal will not be resolved. However, the date that you submitted the oral appeal is the filing date.
- Ensure filing an appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the plan might ask you to sign a form authorizing the plan to release information to that person.
- Have your benefits continued upon request for an appeal within the required timeframe, which is 10 calendar days from the date your Notice of Adverse Benefit Determination was post-marked or personally given to you. You do not have to pay for continued services while the appeal is pending. If you do

request continuation of the benefit, and the final decision of the appeal confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services furnished while the appeal was pending;

- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a deceased member's estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation.
- Inform you of your right to request a State Fair Hearing, following the completion of the appeal process.

## When can I file an appeal?

You can file an appeal with the START-ODS:

- If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal substance use treatment services because you do not meet the medical necessity criteria.
- If your provider thinks you need a substance use treatment service and asks the county for approval, but the county does not agree and denies your provider's request or changes the type or frequency of service.
- If your provider has asked the County Plan for approval, but the county needs more information to make a decision and doesn't complete the approval process on time.
- If your County Plan doesn't provide services to you based on the timelines the County Plan has set up.
- If you don't think the County Plan is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.

- If you and your provider do not agree on the substance use services you need.

## How can I file an appeal?

You may call 1-888-742-7900 to get help with your appeal. You may find the County plan's appeal form on the Patient and Public section of SAPC's website or you can get it from your treatment provider.

The County plan will provide self-addressed envelopes at the providers' site to mail in your appeal. You can also send the grievance in the following ways:

- **e-mail** the form to [SAPCMonitoring@ph.lacounty.gov](mailto:SAPCMonitoring@ph.lacounty.gov)
- **fax** the form to 1-626-458-6692

## How do I know if my appeal has been decided?

The County Plan will notify you or your representative in writing, about their decision for your appeal. The notification will have the following information:

- The results of the appeal resolution process.
- The date the appeal decision was made.
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a State Fair Hearing and the procedure for filing a State Fair Hearing.

## Is there a deadline to file an appeal?

You must file an appeal within 60 calendar days of the date on the Notice of Adverse Benefit Determination. Keep in mind that you will not always get a Notice of Adverse Benefit Determination. There are no deadlines for filing an appeal when you do not get a Notice of Adverse Benefit Determination; so you may file this type of appeal at any time.

## When will a decision be made about my appeal?

The County Plan must decide on your appeal within 30 calendar days from when the County Plan receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the County Plan believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the county believes it might be able to approve your appeal if the County Plan had a little more time to get information from you or your provider.

## What if I can't wait 30 days for my appeal decision?

The appeal process may be faster if it qualifies for the expedited appeals process.

## What is an expedited appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process to the standard appeals process. However,

- Your appeal must meet certain requirements.
- The expedited appeals process also follows different deadlines than the standard appeals.
- You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

## When can I file an expedited appeal?

If you think that waiting up to 30 calendar days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited resolution of an appeal. If the County Plan agrees that your appeal meets the requirements for an expedited appeal, your county will resolve your expedited appeal within 72 hours after the County Plan receives the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the County Plan shows that there is a need for additional information and that the delay is in your interest. If your County Plan extends the timeframes, the plan will give you a written explanation as to why the timeframes were extended.

If the County Plan decides that your appeal does not qualify for an expedited appeal, the County Plan must make reasonable efforts to give you prompt oral notice and will notify you in writing within 2 calendar days giving you the reason for the decision. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the county's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

Once the County Plan resolves your expedited appeal, the plan will notify you and all affected parties orally and in writing.

## THE STATE FAIR HEARING PROCESS

### What is a State Fair Hearing?

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the substance use treatment services to which you are entitled under the Medi-Cal program.

## What are my State Fair Hearing rights?

You have the right to:

- Have a hearing before the California Department of Social Services (also called a State Fair Hearing).
- Be told about how to ask for a State Fair Hearing.
- Be told about the rules that govern representation at the State Fair Hearing.
- Have your benefits continued upon your request during the State Fair Hearing process if you ask for a State Fair Hearing within the required timeframes.

## When can I file for a State Fair Hearing?

You can file for a State Fair Hearing:

- If you have completed the County Plan's appeal process.
- If your county or one of the county contracted providers decides that you do not qualify to receive any Medi-Cal substance use treatment services because you do not meet the medical necessity criteria.
- If your provider thinks you need a substance use treatment service and asks the County Plan for approval, but the County Plan does not agree and denies your provider's request or changes the type or frequency of service.
- If your provider has asked the County Plan for approval, but the county needs more information to make a decision and doesn't complete the approval process on time.
- If your County Plan doesn't provide services to you based on the timelines the county has set up.
- If you don't think the County Plan is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the substance use treatment services you need.

## How do I request a State Fair Hearing?

You can request a State Fair Hearing directly from the California Department of Social Services. You can ask for a State Fair Hearing by writing to:

*State Hearings Division  
California Department of Social Services  
744 P Street, Mail Station 9-17-37  
Sacramento, California 95814*

You can also call 1-800-952-8349 or for TDD 1-800-952-8349.

### **Is there a deadline for filing for a State Fair Hearing?**

You only have 120 calendar days to ask for a State Fair Hearing. The 120 days start either the day after the County Plan personally gave you its appeal decision notice, or the day after the postmark date of the county appeal decision notice.

If you didn't receive a Notice of Adverse Benefit Determination, you may file for a State Fair Hearing at any time.

### **Can I continue services while I'm waiting for a State Fair Hearing decision?**

Yes, if you are currently receiving treatment and you want to continue your treatment while you appeal, you must ask for a State Fair Hearing within 10 days from the date the appeal decision notice was postmarked or delivered to you OR before the date your County Plan says services will be stopped or reduced. When you ask for a State Fair Hearing, you must say that you want to keep receiving your treatment. Additionally, you will not have to pay for services received while the State Fair Hearing is pending.

If you do request continuation of the benefit, and the final decision of the State Fair Hearing confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services furnished while the state fair hearing was pending.

### **What if I can't wait 90 days for my State Fair Hearing decision?**

You may ask for an expedited (quicker) State Fair Hearing if you think the normal 90-calendar day time frame will cause serious problems with your health, including problems with your ability to gain, maintain, or regain important life functions. The Department of Social Services, State Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held, and a hearing decision will be issued within 3 working days of the date your request is received by the State Hearings Division.

# IMPORTANT INFORMATION ABOUT THE STATE OF CALIFORNIA MEDI-CAL PROGRAM

## Who can get Medi-Cal?

You may qualify for Medi-Cal if you are in one of these groups:

- 65 years old, or older
- Under 21 years of age
- An adult, between 21 and 65 based on income eligibility
- Blind or disabled
- Pregnant
- Certain refugees, or Cuban/Haitian immigrants
- Receiving care in a nursing home

You must be living in California to qualify for Medi-Cal. Call or visit your local county social services office to ask for a Medi-Cal application, or get one on the Internet at <http://www.dhcs.ca.gov/services/medi-cal/pages/MediCalApplications.aspx>

## Do I have to pay for Medi-Cal?

You may have to pay for Medi-Cal depending on the amount of money you get or earn each month

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for Medi-Cal services.
- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or substance use treatment services. The amount that you pay is called your 'share of cost.' Once you have paid your 'share of cost,' Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you don't have medical expenses, you don't have to pay anything.
- You may have to pay a 'co-payment' for any treatment under Medi-Cal. This means you pay an out of pocket amount each time you get a medical or substance use treatment service or a prescribed drug (medicine) and a co-payment if you go to a hospital emergency room for your regular services.

Your provider will tell you if you need to make a co-payment.

If your substance use treatment program asks you to pay for services, but you think your income is low enough that service should be free (no-charge), you can call the County (SAPC) at 1-888-742-7900 for help.

Most people with Medi-Cal who receive substance use services from a provider in Los Angeles County's START-ODS network will not have a Medi-Cal share-of-cost, so all services will be free (no-charge).

## Does Medi-Cal cover transportation?

If you have trouble getting to your medical appointments or drug and alcohol treatment appointments, the Medi-Cal program can help you find transportation.

- For children, the county Child Health and Disability Prevention (CHDP) program can help (1-800-993-2437). Or, you may wish to contact the Department of Public Social Services (1-866-613-3777). Additional phone numbers can be found in your local telephone book in the 'County Government' pages. You can also get information online by visiting [www.dhcs.ca.gov](http://www.dhcs.ca.gov), then clicking on 'Services' and then 'Medi-Cal'.
- For adults, the Department of Public Social Services (1-866-613-3777) can help. Additional phone numbers can be found in your local telephone book in the 'County Government' pages. You can also get information online by visiting [www.dhcs.ca.gov](http://www.dhcs.ca.gov), then clicking on 'Services' and then 'Medi-Cal'.
- If you are enrolled with a Medi-Cal Managed Care Plan (MCP), the MCP is required to assist with transportation according to Section 14132 (ad) of the Welfare and Institutions Code. Transportation services are available for all service needs, including those that are not included in the START-ODS program.

## MEMBER RIGHTS AND RESPONSIBILITIES

### What are my rights as a recipient of START-ODS services?

As a person eligible for Medi-Cal or My Health LA and residing in a DMC-ODS pilot program county, you have a right to receive medically necessary substance use treatment services from the County Plan. You have the right to:

- Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.
- Participate in decisions regarding your substance use care, including the right to refuse treatment.

- Receive timely access to care, including services available 24 hours a day, 7 days a week, when medically necessary to treat an emergency condition or an urgent or crisis condition.
- Receive the information in this handbook about the substance use treatment services covered by the county START-ODS plan, other obligations of the County Plan and your rights as described here.
- Have your confidential health information protected.
- Request and receive a copy of your medical records, and request that they be amended or corrected as specified in 45 CFR §164.524 and 164.526.
- Receive written materials in alternative formats (including Braille, large size print, and audio format) upon request and in a timely fashion appropriate for the format being requested.
- Receive oral interpretation services for your preferred language.
- Receive substance use treatment services from a County Plan that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.
- Access Minor Consent Services, if you are a minor.
- Access medically necessary services out-of-network in a timely manner, if the plan doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the County Plan's list of providers. The county must make sure you don't pay anything extra for seeing an out-of-network provider. You can contact the Substance Abuse Service Helpline or SASH at 1-844-804-7500 for information on how to receive services from an out-of-network provider.
- Request a second opinion from a qualified health care professional within the county network, or one outside the network, at no additional cost to you.
- File grievances, either verbally or in writing, about the organization or the care received.
- Request an appeal, either verbally or in writing, upon receipt of a notice of adverse benefit determination.
- Request a State Medi-Cal fair hearing, including information on the circumstances under which an expedited fair hearing is possible.

- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free to exercise these rights without adversely affecting how you are treated by the County Plan, providers, or the State.

## What are my responsibilities as a recipient of START-ODS services?

As a recipient of a START-ODS service, it is your responsibility to:

- Carefully read the member informing materials that you have received from the County Plan. These materials will help you understand which services are available and how to get treatment if you need it.
- Attend your treatment as scheduled. You will have the best result if you follow your treatment plan. If you do need to miss an appointment, call your provider at least 24 hours in advance and reschedule for another day and time.
- Always carry your Medi-Cal (County Plan) ID card and a photo ID when you attend treatment.
- Let your provider know if you need an interpreter before your appointment.
- Tell your provider all your medical concerns for your plan to be accurate. The more complete information that you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions that you have. It is very important you completely understand your treatment plan and any other information that you receive during treatment.
- Follow the treatment plan you and your provider have agreed upon.
- Be willing to build a strong working relationship with the provider that is treating you.
- Contact the County Plan if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.
- Tell your provider and the County Plan if you have any changes to your personal information. This includes address, phone number, and any other medical information that can affect your ability to participate in treatment.
- Treat the staff who provide your treatment with respect and courtesy.

- If you suspect fraud or wrongdoing, report it by calling 1-888-742-7900

## PROVIDER DIRECTORY

The County Plan's provider directory, known also as the Service and Bed Availability Tool or SBAT includes information related to:

- 1) what services or levels of care are available by site address;
- 2) contact information and hours of operation for each site address;
- 3) availability of language and culturally specific services;
- 4) whether providers are accepting new patients,
- 5) licensed practitioners, working within their scope of practice, at each site address

You may also contact the Substance Abuse Service Helpline (1-844-804-7500) to receive a screening and assistance with scheduling an intake appointment.

## TRANSITION OF CARE REQUEST

### When can I request to keep my previous, and now out-of-network, provider?

- After joining the County Plan, you may request to keep your out-of-network provider if:
  - Moving to a new provider would result in a serious detriment to your health or would increase your risk of hospitalization or institutionalization; and
  - You were receiving treatment from the out-of-network provider prior to the date of your transition to the County Plan.

### How do I request to keep my out-of-network provider?

- You, your authorized representatives, or your current provider, may submit a request in writing to the County Plan. You can also the Substance Abuse Service Helpline or SASH at 1-844-804-7500 for information on how to request services from an out-of-network provider.
- The County Plan will send written acknowledgement of receipt of your request and begin to process your request within three (3) working days.

## What if I continued to see my out-of-network provider after transitioning to the County Plan?

- You may request a retroactive transition of care request within thirty (30) calendar days of receiving services from an out-of-network provider.

## Why would the County Plan deny my transition of care request?

- The County Plan may deny your request to retain your previous, and now out-of-network, provider, if:
  - The County Plan has documented quality of care issues with the provider

## What happens if my transition of care request is denied?

- If the County Plan denies your transition of care, it will:
  - Notify you in writing;
  - Offer you at least one in-network alternative provider that offers the same level of services as the out-of-network provider; and
  - Inform you of your right to file a grievance if you disagree with the denial.
- If the County Plan offers you multiple in-network provider alternatives and you do not make a choice, then the County Plan will refer or assign you to an in-network provider and notify you of that referral or assignment in writing.

## What happens if my transition of care request is approved?

- Within seven (7) days of approving your transition of care request the County Plan will provide you with:
  - The request approval;
  - The duration of the transition of care arrangement;
  - The process that will occur to transition your care at the end of the continuity of care period; and
  - Your right to choose a different provider from the County Plan's provider network at any time.

## How quickly will my transition of care request be processed?

- The County Plan will complete its review of your transition of care request within thirty (30) calendar days from the date the County Plan received your request.

## What happens at the end of my transition of care period?

- The County Plan will notify you in writing thirty (30) calendar days before the end of the transition of care period about the process that will occur to transition your care to an in-network provider at the end of your transition of care period.